

Borden Ladner Gervais LLP Lawyers - Patent & Trade-mark Agents World Exchange Plaza 100 Queen Street, Suite 1100 Oltawa ON K1P 1J9 CENTRAL FAX CENTER (613) 237-5160 fax: (613) 787-3558 toll free: (800) 661-4237

DEC 1 6 2004

RECEIVED

ipinfo@blgcanada.com www.blgcanada.com

CERTIFICATION OF FACSIMILE TRANSMISSION I hereby certify that these papers, consisting of 2 pages total, are being facsimile transmitted to the Patent and Trademark Office/703-872-9306 on the date shown below. DATE: December 16, 2004 TO THE ATTENTION OF: **MAIL STOP:** COMPANY: **United States Patent and Trademark Office** CITY: Arlington, Virginia, U.S.A. **FAX NUMBER:** General fax no.: 703-872-9306 DATE / TIME: **December 16, 2004** FROM: L. Anne Kinsman DIRECT DIAL: (613) 237-5160 **OUR FAX NUMBER:** (613) 787-3558 United States Patent Appln No. 10/791,574 Title: IMMOBILIZER SYSTEM FOR VEHICLES Inventor(s): KALAU, Ed, E.; PEYERL, Herbert Our File: PAT 2119-2 US NUMBER OF PAGES, INCLUDING THIS PAGE: _ CONFIRMATION TO FOLLOW: NONE NOTICE: THIS COMMUNICATION IS INTENDED TO BE RECEIVED BY THE INDIVIDUAL OR ENTITY TO WHOM OR TO WHICH IT IS ADDRESSED AND CONTAINS INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND SUBJECT TO COPYRIGHT. ANY UNAUTHORIZED USE, COPYING, REVIEW OR DISCLOSURE IS PROHIBITED. PLEASE NOTIFY THE SENDER IMMEDIATELY IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR BY CALLING (COLLECT, IF NECESSARY), SO THAT WE CAN ARRANGE FOR ITS RETURN AT OUR EXPENSE. THANK YOU FOR YOUR CO-OPERATION. IF THERE IS A PROBLEM WITH TRANSMISSION OR IF ALL PAGES ARE NOT RECEIVED, PLEASE CALL

Mary Munro AT (613) 237-5160.

U.S. Patent and Trademark Office, U.S. Desent and Trademark Office, U.S. D	1-0035 ERCE
Application Number	imoer.
REQUEST FOR WITHDRAWAL Filling Date	
AS ATTORNEY OR AGENT First Named Inventor Kalau Ed	-
AND CHANGE UP Art Unit 2161	
CORRESPONDENCE ADDRESS Examiner Name	
Attorney Docket Number PAT 2119-2	フ
P.O. Box 1450 CENTRA	DEIVED LF/X CENTER
I net	1 6 2004
Please withdraw me as attorney or agent for the above identified patent application, and	
all the attorneys/agents of record.	
the attorneys/agents (with registration numbers) listed on the attached paper(s), or	
the attomeys/agents associated with Customer Number	
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.	,
The reasons for this request are: the client has directed that	
this file be transferred to new counsel.	
I THIS THE BE HELD REW COUNSEL.	
	ľ
CORRESPONDENCE ADDRESS	7
1. The correspondence address is NOT affected by this withdrawal.	
1. The correspondence address is NOT affected by this withdrawal.	
The correspondence address is NOT affected by this withdrawal. Change the correspondence address and direct all future correspondence to:	
The correspondence address is NOT affected by this withdrawal. Change the correspondence address and direct all future correspondence to:	
The correspondence address is NOT affected by this withdrawal. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number. OR	
1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number. OR Film or Individual Name HICKS & Penman	
1. ☐ The correspondence address is NOT affected by this withdrawal. 2. ☐ Change the correspondence address and direct all future correspondence to: ☐ The address associated with Customer Number. OR ☐ Film or Individual Name ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
The correspondence address is NOT affected by this withdrawal. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number: OR Firm or Individual Name HICKS & Penman Address Suite 123, 31st Street NW	
The correspondence address lis NOT affected by this withdrawal. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number: OR Film or Individual Name HICKS & Penman Address Suite 123, 315t Street NW City Calgary State AB Zip Talak	7
The correspondence address is NOT affected by this withdrawal. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number: OR Firm or Individual Name HICKS & Penman Address Suite 123, 315t Street NW City Calgiary State AB ZIP TOLOK Country Canada Telephone (Canada)	
The correspondence address is NOT affected by this withdrawal. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number. OR Firm or Individual Name HICKS & Penman Address Suite 123, 315t Street NW City Calgiary State AB ZIP TOLOK: Country Canada	
The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number. OR Film or Individual Name HICKS Penman Address Suite AB Zip Talak: Canada Canada Telephone 403-282-9889 Fax 403-284-236	

NOTE: Withdrawal its effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of Information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the complete this form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.